

## **ATHLETIC CONSENT FORM**

I, the undersigned, being the parent or guardian of \_\_\_\_\_  
minor, hereby consent to my child participating in the Michigan Freedom Academy athletic  
programs and agree to hold harmless the Michigan Freedom Foundation and its duly authorized  
agents from responsibility for any injuries which might be incurred due to this participation.

Dated: \_\_\_\_\_  
**(Signature of Parent or Guardian)**

## **POWER OF ATTORNEY REGARDING MEDICAL CONSENT**

I, the undersigned, being the parent or guardian of \_\_\_\_\_,  
a minor, hereby appoint the Michigan Freedom Academy, and its duly authorized agents, my  
attorney-in-fact to act on my behalf and stead regarding consenting to any medical treatment,  
surgery and procedure it may deem necessary and in the best interests of the above named minor.  
This power of attorney shall be terminated on JUNE 28, 2003. I also certify that he/she is covered by  
medical insurance or Medicaid in the event of injury or illness in the State of Michigan.

Dated: \_\_\_\_\_  
**(Signature of Parent or Guardian)**

Home Phone: \_\_\_\_\_  
**(Area Code)**

Work Phone: \_\_\_\_\_  
**(Area Code)**

Witnessed by: \_\_\_\_\_

**SPECIAL NOTE: Please furnish a copy of the Insurance Card upon registration.**